



## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 7682

<b>SERIAL NUMBER</b> 09/513,024	<b>FILING DATE</b> 02/25/2000 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1644	<b>ATTORNEY DOCKET NO.</b> 2879-64
<b>APPLICANTS</b> Barbara J. Vilen, Chapel Hill, NC; John C. Cambier, Denver, CO;				
<b>** CONTINUING DATA *****</b> THIS APPLN CLAIMS BENEFIT OF 60/121,954 02/25/1999				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> ** 05/02/2000				
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> NC	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 49
<b>INDEPENDENT CLAIMS</b> 5				
<b>ADDRESS</b> 22442				
<b>TITLE</b> METHOD FOR RECEPTOR DESENSITIZATION				
<b>FILING FEE RECEIVED</b> 749	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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**\*BIBDATASHEET\***

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APPLICANTS

Barbara J. Vilen, Chapel Hill, NC;  
John C. Cambier, Denver, CO;

\*\* CONTINUING DATA *OK 2002* \*\*\*\*\*

THIS APPLN CLAIMS BENEFIT OF 60/121,954 02/25/1999

\*\* FOREIGN APPLICATIONS *NONE 2002* \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 05/02/2000

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>9/1/02</i> 7/3/02 Examiner's Signature Initials	STATE OR COUNTRY NC	SHEETS DRAWING 8	TOTAL CLAIMS 49	INDEPENDENT CLAIMS 5
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ADDRESS  
22442  
SHERIDAN ROSS PC  
1560 BROADWAY  
SUITE 1200  
DENVER, CO  
80202

TITLE  
Product and method for treatment of conditions associated with receptor desensitization

FILING FEE  RECEIVED 749	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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